



## **Program**

- Staffed by certified teachers and classroom assistants
- Curriculum aligned with Ohio's Early Learning and Developmental Standards
- Monday through Thursday 8:10 a.m. – 11:20 a.m. **or** 12:10 p.m. – 3:20 p.m.
- Tuition based

## **Participation Requirements**

- Students must be residents of the Brooklyn City School District.
- Children must be three years old by September 30<sup>th</sup> to attend, or 4 or 5 years of age and not yet in kindergarten.
- Students must be toilet trained unless identified with a disability.
- Tuition payments are due by the first of the month (September through May) no exception. Please see scholarship form for possible reduction.
- Compliance with preschool regulations, which require parent conferences at least one (1) time per school year.
- Compliance with Communicable Disease Policy (see back) including all requirements for immunizations and physical examinations prior to school entrance.
- Parents are responsible for providing transportation.
- A Registration fee of \$20.00 (non-refundable) payable in cash or money order made out to Brooklyn City Schools is due at time of registration. The Registration fee must be paid before student will be permitted to start attending preschool.

## **I understand:**

1. ALL PROGRAM INFORMATION AND PARTICIPATION REQUIREMENTS LISTED ABOVE.
2. That ongoing parent/teacher collaborative activity enhances my child's preschool experience and will be mutually planned and arranged. This collaboration is particularly important in the event that concerns arise.
3. The need to maintain current child information (address, telephone, etc.) and will update these items as necessary

## **Parent/Guardian Acknowledgement**

Parent/Guardian Signature \_\_\_\_\_

Date

Print Students Name \_\_\_\_\_

For more information, please contact: Mrs. Paula Jones, Director of Pupil Services @ (216) 485-8136

# MANAGEMENT OF COMMUNICABLE DISEASES

If your child is ill when at home, do NOT send him/her to school. It is not fair to expose other children to disease; neither will your child benefit from the experience. We are not equipped to handle sick children, and you will be asked to pick them up immediately.

Please call (216) 485-8171 if your child will be absent.

Should your child become ill while at the school, we will isolate him/her from the rest of the children and make him/her as comfortable as possible. We will contact you to pick your child up as soon as possible. Remember, if someone other than the registering parent will be picking up a child, staff members will require identification and your prior notice, preferably in writing.

Your child will be isolated and discharged to you immediately if these symptoms appear:

1. diarrhea more than once
2. severe coughing
3. difficult or rapid breathing
4. yellowish skin or eyes
5. tearing, inflamed eyes
6. temperature of 100 degrees Fahrenheit when taken by auxiliary method
7. untreated skin rash
8. dark urine or light stool
9. stiff neck
10. unusual spots
11. sore throat/vomiting
12. evidence of lice

Children who have fevers should return to school 24 hours after the fever is gone. Children on antibiotics should remain at home until they have been receiving medication for 24 hours.

# Brooklyn Board of Education

9200 Biddulph Road • Brooklyn, Ohio 44144 • (216) 485-8100 • FAX: (216) 485-8118  
[www.brooklyn.k12.oh.us](http://www.brooklyn.k12.oh.us)

## 2018-2019 PRESCHOOL TUITION INFORMATION FOR NEW AND RETURNING PRESCHOOL STUDENTS

Dear Parent/Guardian:

- The Brooklyn Preschool program is **tuition-based** but through Cuyahoga County's Universal Pre-Kindergarten (UPK) Scholarship, you may qualify for a reduced tuition.
- Depending on if and how you qualify, **the monthly tuition of \$250** could be reduced based on the following:
  - a. Families whose annual gross income is at or below 200% of the Federal Poverty Level will receive a 50% reduction making the monthly tuition **\$125.00**
  - b. Families whose annual gross income is between 201% - 300% of the Federal Poverty Level will receive a 33% reduction making the monthly tuition **\$165.00**
  - c. Families whose annual gross income is between 301% - 400% of the Federal Poverty Level will receive a 25% reduction making the monthly tuition **\$187.00**
- Attached is the required paperwork you must fill out whether your child is a returning student or a newly enrolled student.
  - 1) **COPA Application** – complete/sign/return
  - 2) **Income & Residency Verification Form** – complete/sign/return – *attach either (2) current check stubs...OR... your 2017 tax return with this form*
  - 3) **Health Screening Requirement Acknowledgement Form** – read/sign/return
  - 4) **Notice of Privacy Acknowledgement Form** – read/complete/sign/return
- It is important that you return all of the above-listed items fully completed/signed. **Missing or incomplete items will delay the tuition cost determination and will result in you being charged the full \$250 monthly tuition until missing/incomplete items are received.**
- Please drop this paperwork off at the Department of Pupil Services in the Brooklyn Board of Education office as soon as possible.

*This is a wonderful opportunity to help make it more affordable for your family and we hope that you take advantage of this program!*

Thank you,

Department of Pupil Services  
Brooklyn City Schools



Complete & Return

## UPK Scholarship Income & Residency Verification Form 2018-2019

This form is required to document the caretakers' eligibility for a UPK scholarship based on their gross income and to document that families receiving scholarship assistance are residents of Cuyahoga County. Please attach the document(s) used to verify the caretakers' income and residency.

Provider: Brooklyn City School District Child name: \_\_\_\_\_

Date: \_\_\_\_\_

Document used to verify Caretakers' Total Family Gross Income (please attach):

Check one: Weekly \_\_\_\_\_  
 Bi-Weekly \_\_\_\_\_  
 Monthly \_\_\_\_\_  
 Bi-Monthly \_\_\_\_\_  
 Annually \_\_\_\_\_

Check all that apply:

- Two most recent check stubs (PREFERRED)
- Prior year's tax return AND IRS Form W - 2
- Documentation for all unearned income (award letter and/or summary statement)
- Statement/documentation of self-employment
- A copy of the child care authorization letter for subsidized care (Only if \$0 co-pay)

If caretaker did not provide child care authorization letter, residency was documented by (please attach):

Check one:

- Most recent check stub with home address
- Current form of identification with address
- Current utility bill

Total Family ANNUAL Gross Income: \_\_\_\_\_  
 (Calculate from above OR Based on Line 22 from IRS 1040 Tax Return)

Family Size: \_\_\_\_\_

Note: Annual Family Gross Income and family size must be entered into COPA.

Indicate where the caretakers' ANNUAL GROSS income falls on the Federal Poverty Level Scale (refer to table below)

- Check one
- Below 100% FPL
  - Below 200% FPL
  - Below 300% FPL
  - Below 400% FPL
  - Above 400% FPL

I attest that all income and residency information is true and accurate and I will inform the provider of any changes. I understand that by submitting this information my child is entitled to scholarship assistance of one-half of the parent fee if my income is below 200% of the FPL; or scholarship assistance of thirty-three percent of the parent fee if my income is more than 200% FPL but less than 300% of the FPL; or scholarship assistance of twenty-five percent of the parent fee if my income is more than 300% FPL but less than 400% of the FPL

X \_\_\_\_\_  
 Parent Signature

### 2018 Federal Poverty Guidelines – Annual Gross Income

	100%	200%	300%	400%
1	\$12,140	\$24,280	\$36,420	\$48,560
2	\$16,460	\$32,920	\$49,380	\$65,840
3	\$20,780	\$41,560	\$62,340	\$83,120
4	\$25,100	\$50,200	\$75,300	\$100,400
5	\$29,420	\$58,840	\$88,260	\$117,680
6	\$33,740	\$67,480	\$101,220	\$134,960
7	\$38,060	\$76,120	\$114,180	\$152,240
8	\$42,380	\$84,760	\$127,140	\$169,520

Office Use Only:

Eligible \_\_\_\_\_ Ineligible \_\_\_\_\_

Scholarship Rate:

50% \_\_\_\_\_ 33% \_\_\_\_\_ 25% \_\_\_\_\_

Date \_\_\_\_\_

\*For families/households with more than 8 persons, add \$4,320 for each additional person



Universal Pre-Kindergarten COPA Application



Complete & Return

Application Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender: (Circle One) Male Female Social Security Number: \_\_\_\_\_

Language: \_\_\_\_\_ Ethnicity: (Circle One) Hispanic Latino Neither

Race: (Circle One) African American Asian Bi-Racial/Multi-racial Caucasian

Native American Other Pacific Islander Unspecified

Disability (if applicable): \_\_\_\_\_ Circle Any Plan Applicable: IEP/IFSP/NCP

Primary Caregiver:

Parent/Guardian Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender: (Circle One) Male Female Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Education Level: \_\_\_\_\_ Employment Status: \_\_\_\_\_

Employer/School Name: \_\_\_\_\_ Income: \_\_\_\_\_

Employer/School Phone Number: \_\_\_\_\_

# in Family: \_\_\_\_\_ # in Household: \_\_\_\_\_ Disability: (Circle One) Yes No

Medical Insurance Carrier: \_\_\_\_\_

Current Housing: (Circle One) Homeless Own Rent Other

Current Housing Date: \_\_\_\_\_ Caregiver Relationship to Child: \_\_\_\_\_

Is there a Secondary Caregiver/ Parent/ Guardian? (Circle One) Yes No

If there is a Secondary Caregiver, complete the next section on Page 2 and sign the verification section. If there is no Secondary Caregiver in the home, then skip the next section and proceed to verification section.



## Universal Pre-Kindergarten COPA Application



### Secondary Caregiver:

Parent/Guardian Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender: (Circle One) Male Female Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Education Level: \_\_\_\_\_ Employment Status: \_\_\_\_\_

Employer/School Name: \_\_\_\_\_ Income: \_\_\_\_\_

Employer/School Phone Number: \_\_\_\_\_

Language: \_\_\_\_\_ Disability: (Circle One) Yes No

Medical Insurance Carrier: \_\_\_\_\_

Caregiver Relationship to Child: \_\_\_\_\_

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### Verification Section:

I verify that the information on this application is correct.

Parent/Guardian Name : (Print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: (Print) \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CUYAHOGA COUNTY**  
Invest in Children

**Complete & Return**



## **Universal Pre-Kindergarten Health Screening Resources**

### **Universal Pre-Kindergarten Health Screening Requirement Acknowledgement Form**

Dear Parent(s)/Caregiver,

As part of the Universal Pre-Kindergarten program your child must have certain health screenings. These screenings may help prevent future problems with your child's health. Some of these screenings may be offered by your child's preschool. If not, a list of resources is attached for those screenings that may not be provided by your child's preschool.

Thank you!

Below is a list of required screenings

- ❖ Lead screening
- ❖ Hematocrit/Hemoglobin screening
- ❖ Dental screening
- ❖ Vision screening
- ❖ Hearing screening

Your signature below verifies that you are aware of the medical screenings your child needs; confirms that you received the necessary forms for your doctor or dentist to complete; and confirms that you received the list of local resources available to assist you with completing the medical screenings.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Caretaker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Manager/Representative

\_\_\_\_\_  
Date

**Original to Parent**

**Copy to Child's File**



**CUYAHOGA COUNTY**  
Invest in Children



## Universal Pre-Kindergarten Health Screening Resources

### Medical Services (Immunizations, Lead Screening, Well Child Visits)

Name	Address	Phone Number	Payment Method
<b>Cleveland Department of Public Health</b>  Services:  <i>Immunizations and Lead Screening</i>	The City of Cleveland Health Centers: ●J. Glen Smith Health Center 11100 St. Clair Ave., Cleveland, OH 44108 ●Thomas F. McCafferty Health Center 4242 Lorain Ave., Cleveland, OH 44113 ●Miles-Broadway Health Center 9127 Miles Ave., Cleveland, OH 44105** <a href="http://www.clevelandhealth.org">www.clevelandhealth.org</a>	216-249-3600  216-957-4848  216-664-3609	FREE FOR EVERYONE! Call for appointments  *Immunizations only at Miles-Broadway
<b>Cuyahoga County Board of Health</b>  Services:  <i>Immunizations and Lead Screening</i>	5550 Venture Rd., Parma, OH 44130	216-201-2041	Medicaid accepted Call for an appointment and information regarding non-Medicaid payment options (Lead screening once a month by appointment)
<b>Northeast Ohio Neighborhood Health Services, Inc.</b>  Services: <i>Dental</i> <i>Immunizations</i> <i>Lead Screening</i> Provides all medical services (functions as a medical home)	●East Cleveland Health Center, 15201 Euclid Ave., East Cleveland, OH 44112 ●Superior Health Center, 12100 Superior Ave., Cleveland, OH 44106 ●Southeast Health Center, 13301 Miles Ave., Cleveland, OH 44105 ●Norwood Health Center, 1468 E. 55 <sup>th</sup> St., Cleveland, OH 44103 ●Hough Health Center, 8300 Hough Ave., Cleveland, OH 44103 ●Collinwood Health Center, 15322 St. Clair Ave., Cleveland, OH 44110 ● Miles-Broadway Health Center 9127 Miles Ave., Cleveland, OH 44105	216-541-5600  216-851-2600  216-751-3100  216-881-2000  216-231-7700*  216-851-1500  216-664-7487	Medicaid, private insurance and has a discounted fee structure based on family size and income  (No lead screening or dental at Miles/Broadway  *Central Intake 216-231-7700
<b>Care Alliance Health Care</b> Services: <i>Dental, Immunizations, Lead Screening</i> Provides all medical services (functions as a medical home)	2916 Central Ave. Cleveland, OH 44115	216-535-9100	Medicaid and sliding scale

\* Resources that will train staff and/or come to your location to conduct tests and screenings on children.

Please remember to call 2-1-1 for additional information on resources available in Cuyahoga County.

Please call providers listed above for additional information.





**CUYAHOGA COUNTY**  
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**Universal Pre-Kindergarten Health Screening Resources**

**Medical Services (Immunizations, Lead Screening, Well Child Visits)**

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**CUYAHOGA COUNTY**  
Invest in Children



**Universal Pre-Kindergarten Health Screening Resources**

Know what your child's blood lead test results means:  
Lead can cause problems with learning, hearing, speech and behavior.

<b>What should I do if I think there is lead in my home?</b>	Contact your local health department to schedule an inspection right away! <i>(see the helpful numbers and websites at the bottom of this page)</i>
Avoid dry dusting or sweeping. Wet mop all floors and window sills.	Make sure your children wash their hands often.
Plant grass to cover bare dirt in the yard. Wash toys when they have been on the ground.	Duct tape over any cracking or peeling paint until a qualified professional removes repairs or covers the lead paint.

<b><u>What do the lead levels mean and what should I do if my child shows and elevated lead level?</u></b>	
<b>Blood Lead Value</b> <b>0-4</b>	<ul style="list-style-type: none"> <li>Your child should be tested for lead once a year until they turn 6 years old.</li> <li>Lead levels less than 5 mean there is low level lead exposure</li> <li>Call your health department to learn more about lead and how to make your home lead safe.</li> </ul>
<b>5-9</b>	<ul style="list-style-type: none"> <li>Your child will need a blood test every 2-3 months until the level is less than 5. Schedule this follow-up testing with your doctor's office.</li> <li>A case manager will call or send you a letter with advice about your child's lead level.</li> <li>The other children under 6 years old in your home need to be tested also.</li> </ul>
<b>10-19</b>	<ul style="list-style-type: none"> <li>Your child will need a blood test in 1-2 months, and then repeat testing until the number is less than 5. Schedule this follow-up testing with your doctor's office.</li> <li>A case manager from the health department will call to talk about your child's lead level and help you learn more about lead.</li> <li>The health department will want to check your home for lead.</li> </ul>
<b>20-44</b>	<ul style="list-style-type: none"> <li>You child will need a blood test in 2-4 weeks, and then repeat testing until the number is less than 5. Schedule this follow-up testing with your doctor's office.</li> <li>A case manager from the health department will talk to you by phone to let you know what to do for your child.</li> <li>Your home may be checked for lead by the health department.</li> </ul>
<b>45 or Higher</b>	<ul style="list-style-type: none"> <li><b>YOUR CHILD <u>MUST GO SEE A DOCTOR OR GO TO THE HOSPITAL TODAY.</u></b></li> <li>Your child must be treated with a special medicine to help lower their lead level. Repeat testing 3-4 weeks after treatment. Re-treatment may be necessary.</li> <li>Your home must be checked for lead by the health department as soon as possible.</li> <li>A case manager from the health department can visit your home or talk to you by phone to let you know what to do for your child.</li> </ul>

**Rainbow Babies and Children's Hospital** - [www.Rainbow.org/lead](http://www.Rainbow.org/lead)  
Telephone: 216-844-LEAD (5323)

**Cuyahoga County Board of Health Child Lead Poisoning and Prevention Program** - <http://www.ccbh.net/lead-poisoning>  
Telephone: 216-201-2000 ext. 1215

**Cleveland Division of Public Health Lead Safe Living** - [http://www.clevelandhealth.org/network/evnironment/lead\\_safe\\_living.php](http://www.clevelandhealth.org/network/evnironment/lead_safe_living.php)  
Telephone: 216-263-5323

**City of Cleveland Lead Hazard Control Program** -  
<http://www.city.cleveland.oh.us/CityofCleveland/Home/Government/CityAgencies/CommunityDevelopment/DivisionofNeighborhoodServices/LeadHazardControlProgram>  
Telephone: 216-263-5323

**Ohio Department of Health Lead Poisoning Prevention Program** - [https://www.odh.ohio.gov/odhprograms/eh/lead\\_ch/leadch1.aspx](https://www.odh.ohio.gov/odhprograms/eh/lead_ch/leadch1.aspx)  
Telephone: 1-877-LEADSAFE (532-3723)

**United States Environmental Protection Agency (EPA)** - <https://www.epa.gov/lead>  
**Centers for Disease Control and Prevention (CDC)** - <http://www.cdc.gov/nceh/lead>

Starting Point

Complete & Return

4600 Euclid Avenue Suite 500  
Cleveland, Ohio 44103  
(216) 575-0061

**ACKNOWLEDGEMENT OF RECEIPT OF THE  
NOTICE OF PRIVACY PRACTICES**

Acknowledgement of Receipt of Privacy Practices: I, the undersigned, acknowledge that I have received and have been given the opportunity to review the Cuyahoga County Universal Pre-Kindergarten program Notice of Privacy Practices. I understand that I will be given additional copies of this Notice of Privacy Practices any time at my request.

Please list children enrolled ages 3 to 5 years (not in kindergarten) SITE: Brooklyn City School District

First Name	Middle Name	Last Name	Date of Birth

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
Home Work

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Original: UPK/PRE4CLE file

Copy: Starting Point  
Attn: Julia Garber  
4600 Euclid Avenue, Suite 500  
Cleveland, OH 44103

Copy: Parent

**Cuyahoga County Universal Pre-Kindergarten (UPK) Program  
NOTICE OF PRIVACY PRACTICES**



THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOUR CHILD'S EXPERIENCE IN THE CUYAHOGA COUNTY UPK PROGRAM, ADMINISTERED BY THE OFFICE OF EARLY CHILDHOOD, MAY BE USED AND DISCLOSED. PLEASE REVIEW THIS INFORMATION CAREFULLY. If you have questions about this notice or wish to request additional copies, please contact the Office of Early Childhood at (216) 443-2215.

I. Who is subject to this notice: This notice describes the practices of the UPK program and that of:

- 1) Cuyahoga County's Office of Early Childhood
- 2) Starting Point
- 3) The individual UPK provider that your child attends
- 4) Case Western Reserve University (business associate)
- 5) Pascal Learning Inc./Ready Rosie
- 6) Educational Services Center of Cuyahoga County
- 7) PRE4CLE

II. Our pledge: We understand that information about your child's experience in the UPK program is personal and we are committed to protecting that information. A record of your child's UPK experience is created in order to provide your child with a high quality experience and to help us make improvements to the program. This notice applies to all records created by your child's UPK provider. This notice will tell you about the ways in which we use the information gathered on your child.

III. Examples of the types of information we collect:

- 1) Age, gender and race of your child
- 2) Street address
- 3) Email address
- 4) Attendance and enrollment information
- 5) Assessments of your child
- 6) Parent involvement in UPK activities
- 7) Child's special needs, if applicable
- 8) Other

IV. Uses:

Information collected about your child and their UPK experience may be used and disclosed as follows:

- 1) By his/her teacher to create a unique learning plan for your child
- 2) By your provider to prepare regular invoices to you for UPK services
- 3) By your provider to prepare invoices to the OEC to be reimbursed for the services provided to your child.
- 4) By your provider to refer your child to additional services in the community

- 5) By the OEC, and their business associate at CWRU, to run the program and make improvements
- 6) By Starting Point to plan support for your UPK provider and to help your UPK provider make improvements to the programs and services you and your child receives
- 7) Email addresses only: By the OEC, and their business associate Pascal Learning Inc./Ready Rosie, to provide parents with brief videos that will help them prepare their children for school. Parents may unsubscribe from the electronic delivery of these emails at any time.
- 8) Email addresses only: By the ESC and Starting Point, to provide electronic newsletters. Parents may unsubscribe from the electronic delivery of those emails at any time.

V. Your Rights Regarding Your Child's UPK records

- 1) You are allowed to inspect and make copies of any records created about your child
- 2) You are allowed to amend your child's record if you feel that there is information in it that is wrong.
- 3) You are allowed to request restrictions or limitations on the uses of the information collected about your child. To request restrictions, you must make your request in writing to the Director of the Office of Early Childhood at the address below. All parent requests will be responded to in writing.

VI. Changes to This Notice

We reserve the right to make changes to this notice. If this notice is changed, you will be advised and furnished with a copy of the revised notice.

VII. Effective Date of This Notice

- 1) The effective date of this notice is August 1, 2017.

**Questions/Concerns Contact:**

Cuyahoga County  
Office of Early Childhood/Invest in Children  
Attn: Shawna Rohrman  
8111 Quincy Ave., Second Floor  
Cleveland, OH 44104 (216) 698-7596